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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 16, 2005

Signature: 

(Arnold H. Krumholz)

**EXPEDITED PROCEDURE**

Group Art Unit: 1731

Docket No.: B&LAB 3.3-009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

in re Patent Application of:  
Bokström et al.

Application No.: 10/009,052

Filed: December 6, 2001

For: METHOD AND SYSTEM FOR CONVEYING  
SHREDDED PULP TO AN OZONE  
REACTOR

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: Group Art Unit: 1731  
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: Examiner: M. S. Alvo  
:  
:

**AMENDMENT UNDER 37 CFR 1.116**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated April 19, 2005, in which claims 17-21 and 23 were finally rejected and claim 22 was allowed, the following amendments and remarks are respectfully submitted.



AF  
EHW

<b>AMENDMENT TRANSMITTAL LETTER</b>				<b>After Final Rejection</b>	
Application No. 10/009,052	Filing Date December 6, 2001	Examiner M. S. Alvo	Group Art Unit 1731		
Applicant(s): Monica Bokström and Per Üström				Docket No. B&LAB 3.3-009	
Invention: METHOD AND SYSTEM FOR CONVEYING SHREDDED PULP TO AN OZONE REACTOR					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	7	- 20 =		x	
<b>Independent Claims</b>	3	- 3 =		x	
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b>					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 _____ Arnold H. Krumholz Attorney Reg. No. 25,428				Dated: <u>June 16, 2005</u>	
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090					